

NOTE: THIS FORM MUST BE COMPLETED IN ENGLISH
NOTA: SE DEBE COMPLETAR ESTE FORMULARIO EN INGLÉS

(TYPE OR PRINT IN BLACK INK)
(ESCRIBA EN TINTA NEGRA O A MÁQUINA)

File No.
Expediente No. DTCR109085,7
Additional File No(s)/
Otros No. de Expediente

STATE OF NORTH CAROLINA
ESTADO DE CAROLINA DEL NORTE

Guilford County
Condado de _____

In The General Court Of Justice
En los Tribunales Generales de Justicia - División de:
☒ District Tribunales de Distrito
☐ Superior Court Division Tribunales Superior

AFFIDAVIT OF INDIGENCY/
DECLARACIÓN JURADA DE INDIGENCIA

G.S. 7A-450 et seq.

Name Of Applicant
Nombre de el/la solicitante
Alejandro Enrique Umaña Diaz

Street Address Of Applicant
Domicilio de el/la solicitante
50 Jackson Apt 603 Home
Hamster NY 11550

Permanent Mailing Address Of Applicant (If Different Than Above)
Dirección postal permanente de el/la solicitante (si es diferente al domicilio)

☒ Defendant Demandado/a
☐ Parent/Guardian/Trustee Padre/Tutor/Fideicomisario
☐ Other Otro

Telephone Number Of Applicant
Número de teléfono de el/la solicitante

Date Of Birth
Fecha de nacimiento
11/25/84

Social Security No.
Número del Seguro Social

☒ Has No Social Security No
No tiene No. de Seguro Social

Offense(s)
Delito(s)

Applicant: Do you have other pending criminal charges in which a lawyer has been appointed?
Solicitante: ¿Tiene otros cargos penales pendientes para los cuales se le ha nombrado un abogado?
☐ Yes SI
☒ No No

Name Of Lawyer
Nombre del Abogado

MONTHLY INCOME
INGRESOS MENSUALES

MONTHLY EXPENSES
GASTOS MENSUALES

Employment - Applicant:
Empleo del Solicitante: \$ 0=

Name And Address Of Applicant's Employer
Nombre y Dirección del Patrono del Solicitante
(If not employed, state reason; if self-employed, state trade)
(si no trabaja, diga por qué; si trabaja por su cuenta, indique su oficio.)

Unemployed (1 month)

Other Income (Welfare, Food Stamps, S/S, Pensions, etc.)
Otros Ingresos (prestaciones sociales, estampillas para la comida, Seguro Social, jubilación, etc.) \$ 0=

Employment - Spouse
Empleo del Cónyuge \$ 0=

Name And Address Of Spouse's Employer
Nombre y Dirección del Patrono del Cónyuge

Number Of Dependents:
Número de Dependientes: 6 in El Salvador & NY

Shelter/Vivienda/Alojamiento:
☐ Buying Comprando
☐ Renting Arrendando \$ 0=

Food Comida \$ 2.00=

Utilities Servicios Públicos (electricidad, gas, agua) \$ 0=

Health Care Atención de la Salud (Seguro médico) \$ 0=

Installment Payments Pagos a Plazos
☐ Vehicle Vehículo
☐ Other Otros \$ 0=

Support Payments Pagos de Mantenimiento/ Sustento Para Niños o Cónyuge \$ 600=

Other: (specify) Otros: (especifique) \$ 0=

sends to El Salvador \$ 600=

Total Monthly Income
Total de Ingresos Mensuales \$ 0=

Total Monthly Expenses
Total de Gastos Mensuales \$ 1400=

0.00

Solamente para información - no llene la parte en español

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DESCRIPTION OF ASSETS AND LIABILITIES DESCRIPCIÓN DE ACTIVOS Y PASIVOS	ASSETS ACTIVOS	LIABILITIES PASIVOS
Cash On Hand And In Bank Accounts (List Name Of Bank & Account No.) Efectivo en mano y en cuentas bancarias (Dé el nombre del banco y el no. de la cuenta)	\$ 0=	
Money Owed To Or Held For Applicant Dinero debido al o guardado para el solicitante	\$ 0=	
Motor Vehicles (List Make, Model, Year) Vehículos motorizados (Dé marca, modelo, año)	(Fair Market Value)/(Valor justo de mercado) \$ 0=	(Balance Due)/(Saldo debido) \$ 0=
Real Estate Bienes inmuebles o raíces	(Fair Market Value)/(Valor justo de mercado) \$ 0=	(Balance Due)/(Saldo debido) \$ 0=
Personal Property Bienes muebles o personales	(Fair Market Value)/(Valor justo de mercado) \$ 0=	(Balance Due)/(Saldo debido) \$ 0=
Total Owed On Other Installment Accounts Total debido en otras cuentas que se pagan a plazos:		\$ 0=
Last Income Tax Filed _____ Última declaración de impuestos sobre la renta presentada en _____ (año) <input type="checkbox"/> Refund Reembolso <input type="checkbox"/> Owe Debo	\$ 0=	\$ 0=
Other Otros	\$ 0=	\$ 0=
Total Assets And Liabilities Total de Activos y Pasivos	\$ 0=	\$ 0=
Bond Type Tipo de Fianza	Amount Cantidad \$	By Whom Posted ¿Fiado/Garantizado por quién?

NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER
 AVISO A LAS PERSONAS QUE SOLICITAN UN ABOGADO NOMBRADO POR EL TRIBUNAL:

- When answering the questions on the Affidavit Of Indigency above, please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case.
 Cuando contesta las preguntas en la Declaración Jurada de Indigencia (el frente de este formulario), sírvase no hablar de su causa con el entrevistador porque se podrá llamarlo/a para testificar acerca de cualquier comentario que usted pudiera haber hecho en su presencia. Por favor, espere y hable con su abogado. No le pida consejos, opiniones o asesoría al entrevistador (ni al intérprete) con respecto a su causa.
- A court-appointed lawyer is not free.** If you are convicted or plead guilty or no contest, you may be required to repay the cost of your lawyer as a part of your sentence. The Court may also enter a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina State Tax Refund may be taken to pay for the cost of your court-appointed lawyer. In addition, if you are convicted or plead guilty or no contest, the Court will charge you a \$50 attorney appointment fee and may enter an additional \$50 civil judgment against you.
Un abogado designado por el tribunal no es gratuito. Si es condenado o si se declara culpable o que no se opone o admite culpa, es posible que se le exija reembolsar el costo de su abogado como parte de su condena. El Tribunal también podrá interponer una resolución civil en su contra, que acumulará intereses al tipo legal establecido en G.S. 24-1 a partir de la fecha en que se registra su condena. Se podrá tomar posesión del reembolso de su impuesto sobre la renta del estado de Carolina del Norte para pagar el costo de su abogado designado por el tribunal. Además, el Tribunal le cobrará a usted \$50 por designarle un abogado y podrá interponer una resolución civil adicional en su contra por \$50.

NOTE: Read the notice on the reverse side before completing this form.
 NOTA: Lea el aviso al dorso antes de llenar este formulario.

NOTE: THIS FORM MUST BE COMPLETED IN ENGLISH
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STATE VERSUS
EL ESTADO CONTRA

File No.
Expediente No.

Name Of Defendant
Nombre de el/la Demandado/a

3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to prosecution for perjury.
- La información que usted da se verificará y su firma al pie servirá como autorización para que el/la entrevistador/a se comunice con sus acreedores, patronos/empleadores, familiares y otros para ver si usted reúne las condiciones para recibir un abogado designado por el tribunal. Toda respuesta falsa o deshonestas con respecto a su situación económica podrá causar que se lo enjuicie por perjurio.

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.

Bajo pena de perjurio, declaro que la información dada en este formulario es verídica y correcta a mi mejor saber y entender y que no tengo los medios económicos para poder contratar un abogado para que me represente. Por el presente, solicito al Tribunal que asigne un abogado para representarme en esta causa. Autorizo al tribunal que se comunice con mis acreedores, patronos/empleadores o familiares, así como con cualquier dependencia gubernamental u otra entidad listada a continuación con respecto a mi derecho a recibir un abogado designado por el Tribunal.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for a court-appointed lawyer upon request of the Court.

Además, autorizo a mis acreedores, patronos/empleadores o familiares, así como a cualquier dependencia gubernamental u otra entidad listada a continuación para que, a solicitud del tribunal, dé a conocer datos financieros con respecto a mis condiciones para recibir un abogado designado por el tribunal.

Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information
Dependencia gubernamental u otra entidad autorizada para que se contacte y/o dé a conocer información

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME
JURAMENTADO Y SUSCRITO ANTE MI

Date
Fecha

Date
Fecha

12/4/07

Signature
Firma

[Signature]

Signature Of Applicant
Firma de el/la Solicitante

[Signature]

☒ Deputy CSC
Administrador Adjunto del Tribunal Superior

☐ Clerk of Superior Court
Administrador del Tribunal Superior

☐ Assistant CSC
Administrador Asistente

☐ Magistrate
Juez magistrado

☐ Notary
Notario

Date My Commission Expires
Fecha en que cesa mi mandato

Name Of Applicant (Type Or Print)
Nombre de el/la Solicitante (en letra de imprenta o molde)

Alfonso Enrique Hernandez Diaz

☒ Defendant
Demandado/a

☐ Parent/Guardian/Trustee
Padre/Tutor/Fideicomisario

☐ Other
Otros

SEAL
SELLO

County Where Notarized
Condado en que se notalizó

NOTE: If you are less than 18 years old, or if you are at least 18 years old but remain dependent on and live with a parent or guardian, state name and address of parent, guardian or trustee below.

NOTA: Si usted tiene menos de 18 años de edad, o si tiene por lo menos 18 años de edad pero depende de y vive con un padre o tutor, dé el nombre y la dirección de su padre, tutor o fideicomisario a continuación.

Name Of Parent/Guardian Or Trustee
Nombre del padre, tutor o fideicomisario

Address
Dirección

City, State, Zip
Ciudad, Estado, CP

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

GUILFORD

County

In The General Court Of Justice
☒ District ☐ Superior Court Division

File No.

07CR109085

Additional File Nos.

07CR109087

Name of Defendant

ALEJANDRO UMANA-DIAZ

Social Security No.

☒ Has No Social Security No.

NOTICE AND DETERMINATION
OF COUNSEL IN FIRST-DEGREE MURDER
(OR UNDESIGNATED DEGREE OF MURDER)
CASES AT THE TRIAL LEVEL

G.S. 7A-451(c), (d); 7A-452

INSTRUCTIONS: The Court completes this form at the defendant's first appearance in district court (or equivalent appearance in superior court) in any case in which the defendant is charged with first-degree murder or a charge of murder where the degree is undesignated. The Court also completes this form when a case is declared capital at a Rule 24 hearing to notify IDS of the need to appoint second counsel, or if an attorney of record withdraws to notify IDS of the need to appoint substitute counsel. The Court also should complete this form for any other offenses brought contemporaneously with or subsequently joined with the principal offense. Do not use this form to appoint counsel for direct appeal of a sentence of death; use AOC-CR-350 to appoint the Office of Appellate Defender in such a case.

I. TRIAL FINDINGS

NOTE: Upon receiving notice pursuant to Section II below that the defendant is indigent and is charged with first-degree murder or an undesignated degree of murder, or with other related offenses, the Office of Indigent Defense Services/Office of the Capital Defender uses form AOC-CR-624 to appoint counsel for the defendant. See IDS Rules for Providing Legal Representation in Capital Cases, Part 2A, Rule 2A.2 (2001).

Upon the defendant's affidavit and the inquiry made by the Court, the Court finds as follows:

- ☒ 1. The defendant is charged with: ☒ first-degree murder or ☐ an undesignated degree of murder in this case.
- ☐ 2. The defendant is charged with the following other offenses, which were brought contemporaneously with or have been joined with the first-degree murder or undesignated degree of murder charge(s) in this case:
- ☒ 3. The defendant is not financially able to provide the necessary expenses of legal representation and, therefore, is indigent and entitled to the services of counsel as contemplated by law.
- ☐ a. The \$50 attorney appointment fee is due pursuant to G.S. 7A-455.1 and shall be paid to the Clerk of Superior Court; or
- ☐ b. The defendant has other pending criminal case(s) in which an attorney has been appointed; therefore, no appointment fee shall be assessed pursuant to G.S. 7A-455.1(e).
- ☐ 4. The defendant is financially able to provide the necessary expenses of legal representation and, therefore, is not presently considered to be indigent.
- ☐ 5. The defendant waived appointed counsel at the first appearance and is, therefore, responsible for obtaining legal representation in this matter.
- ☐ 6. A Rule 24 hearing has been held and this case has been declared capital as defined by law. The Office of Indigent Defense Services/Office of the Capital Defender shall appoint a second attorney. The following attorney was previously appointed as counsel of record in this matter:
- ☐ 7. The following attorney has moved to withdraw from this case, and the undersigned Judge has granted that motion and released the attorney: The Office of Indigent Defense Services/Office of the Capital Defender shall appoint substitute counsel. The following attorney remains as counsel of record in this matter:

Date 12/14/07

Name Of Judge (Type Or Print) KIMPA PAWS

Signature Of Judge

J. M. L. Falls

II. NOTICE TO OFFICE OF INDIGENT DEFENSE SERVICES

NOTE: Because of the need for immediate action in such cases, this Section provides the Court with several ways of notifying the Office of Indigent Defense Services/Office of the Capital Defender of the Court's determination that a defendant is entitled to notification is given immediately.

The Court has notified the Office of Indigent Defense Services/Office of the Capital Defender, by one of the following methods, of the defendant's name, the file numbers of each of the cases for which the defendant needs appointed counsel, and the offenses charged.

☐ email:
capital.notice@nccourts.org

☒ fax:
(919) 560-6900

☐ telephone (name of contact):
(919) 560-5837

Date 12/17/07

Signature

Mall

☐ Judge

☒ Deputy Clerk

☐ Asst. Clerk

☐ Clerk Of Superior Court

AOC-CR-427, Rev. 12/02

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(TYPE OR PRINT IN BLACK INK)

In The General Court Of Justice

☒ District ☐ Superior Court Division

STATE OF NORTH CAROLINA

File No.

07CR109085

Additional File Nos.

07CR109087

Guilford-G

County

Name of Defendant

Alejandro Enrique Umana

Social Security No.

☐ Has No Social Security No.

NOTE: The Office of Indigent Defense Services or Office of the Capital Defender completes this form.

ASSIGNMENT OF COUNSEL
BY OFFICE OF INDIGENT DEFENSE SERVICES
IN FIRST-DEGREE MURDER
(OR UNDESIGNATED DEGREE OF MURDER)
CASES AT THE TRIAL LEVEL

G.S. 7A-451(c), (d); 7A-452

I. TRIAL APPOINTMENTS

NOTE: The IDS Office or the Office of the Capital Defender will complete this form in any first-degree murder case or murder case where the degree is undesignated. See IDS Rules for Providing Legal Representation in Capital Cases, Part 2A, Rule 2A.1 (2001).

- ☐ 1. Having found that the defendant has been charged with first-degree murder (or an undesignated degree of murder), the IDS Director/Capital Defender appoints the attorney named below on a provisional basis to conduct a preliminary investigation, determine whether the defendant is indigent and needs appointed counsel, and protect the defendant's rights pending appointment of trial counsel by the IDS Director/Capital Defender.

Name And Address of Attorney

Telephone

Fax

Email

- ☒ 2. The Court having determined that the defendant is indigent and has been charged with first-degree murder (or an undesignated degree of murder), the IDS Director/Capital Defender appoints the attorney named below as trial counsel for the defendant.

Name And Address of Attorney

Telephone

Fax

John D. Bryson
P.O. Drawer 2086

336-884-4444

336-889-5232

High Point NC 27265

Email

- ☐ 3. The Court having determined that the defendant is indigent and has been charged with first-degree murder (or an undesignated degree of murder), and the IDS Director/Capital Defender having determined that the case will likely proceed capitally as defined by law, the IDS Director/Capital Defender appoints the attorney named below as second trial counsel for the defendant.

Name And Address of Attorney

Telephone

Fax

Email

- ☒ 4. Having appointed the attorney(s) named above to represent the defendant in this case, the IDS Director/Capital Defender also appoints the attorney(s) to represent the defendant on the following related charges, which were brought contemporaneously with or have been joined with the principal offense:

2 counts murder

II. NOTIFICATION

The Office of Indigent Defense Services/Office of the Capital Defender has provided a copy of this assignment of counsel order to the Clerk of Superior Court where the charges are pending, the District Attorney, the appointed attorney(s), and the defendant.

Date

12-19-2007

Name Of IDS Director/Capital Defender (Type Or Print)

Robert M. Hurley

Signature Of IDS Director/Capital Defender

R. M. Hurley

AOC-CR-624, Rev. 9/02

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ID # 686856
scanned

INMATE VISITATION FORM

NAME: Umana Alexandro E. DATE: 12/19/07
LAST FIRST M.I.

LOCATION / CELL ASSIGNMENT: 7A29

You may list two (2) visitors on this form. These two relatives and or friends are the only people that will be able to visit you for the next thirty (30) days. The two individuals placed on your list must be able to show a valid photo I.D. to the Detention Staff each time they visit. Each person placed on this list will be allowed one (1) visit per week. The two names placed on your list must be 18 years of age or older. Any visitor under 18 must be accompanied by an adult who is on your visiting list. You may only have two (2) visitors under the age of 18 per visit.

VISITATION LIST

PRINT LEGIBLY

VISITORS	NAME	RELATIONSHIP	ADDRESS (Include City and State)

Att - Off
Special
Visits

GC-BAS

You May Change This List Every 30 Days

6

VISITORS · SIGN IN LOG scanned

(X)	T. Bryson	12/21/07	845	(h)
(X)		12/28/07	955	(h)
(X)		12/28/07	955	(h)

ID #686856
scanned**INMATE VISITATION FORM**NAME: Umarra Alexandro E DATE: 12/28/07
LAST FIRST M.I.LOCATION / CELL ASSIGNMENT: 7A29

You may list two (2) visitors on this form. These two relatives and or friends are the only people that will be able to visit you for the next thirty (30) days. The two individuals placed on your list must be able to show a valid photo I.D. to the Detention Staff each time they visit. Each person placed on this list will be allowed one (1) visit per week. The two names placed on your list must be 18 years of age or older. Any visitor under 18 must be accompanied by an adult who is on your visiting list. You may only have two (2) visitors under the age of 18 per visit.

VISITATION LIST**PRINT LEGIBLY**

VISITORS NAME	RELATIONSHIP	ADDRESS (Include City and State)
Officials w/ Special Visits		

GC - 625

You May Change This List Every 30 Days

8

VISITORS SIGN IN LOG

Visitor Name	Date	Staff Init.	Visitor Name	Date	Staff Init.
(X) J. Bryson	12/28/07	953 a ch			
(X) V. Li	12/28/07	953 a ch			
X J. Bryson	01/28-08	2:25 p			
(X) J. Bryson	01/30/08	1:24 p			
VOID					

9.

I.D.# 686 856
Scanned

INMATE VISITATION FORM

NAME: UMANA ALEJANDRO DATE: 1/30/08
LAST FIRST M.I.

LOCATION / CELL ASSIGNMENT: 7A29

You may list two (2) visitors on this form. These two relatives and or friends are the only people that will be able to visit you for the next thirty (30) days. The two individuals placed on your list must be able to show a valid photo I.D. to the Detention Staff each time they visit. Each person placed on this list will be allowed one (1) visit per week. The two names placed on your list must be 18 years of age or older. Any visitor under 18 must be accompanied by an adult who is on your visiting list. You may only have two (2) visitors under the age of 18 per visit.

VISITATION LIST

PRINT LEGIBLY

VISITORS NAME	RELATIONSHIP	ADDRESS (Include City and State)
WILFREDO LAMDAVERDE	FRIND	?
WENDY ELIZABETH ALVAREZ	MOTHER OF CHILD	50 JACKSON ST Apt 603 HAMPSHIRE, N.Y.

GC-885

You May Change This List Every 30 Days

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VISITORS SIGN-IN LOG

[illegible]